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ABSTRACT

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Evaluating School-Based Programming for Pregnant and Parenting Adolescents

by
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Poster Presented at the 2003 APA Conference in Toronto:

Evaluating School-based Programming for Pregnant and Parenting Adolescents

Julie Fenyk, MA, Geoffrey Maruyama, PhD, Katherine Seiden, PhD, Lorna Pain, RN, and Ann Hoxie, RN

Abstract

The Children and Adolescent Parents Support and Self-Sufficiency (CAPSS) program serves pregnant and parenting adolescents eligible to attend an urban school district in the Midwest. It employs a Youth Development Framework promoting connections with caring adults. While pregnancy prevention has become a major initiative for schools, programming to help meet the educational and social needs of teen-aged mothers has attracted much less attention. This paper provides some early results from an evaluation of a program designed to keep teen-aged mothers in school, to improve their parenting skills, to lessen the likelihood that they will become pregnant again, and to prepare their children for success in school.

Problem Addressed

Teen-aged mothers are individuals at great risk in our society. Many of them are economically disadvantaged, and a large proportion drop out without completing high school (Hoffreth, Reid & Mott, 2001). With few employable skills, they all too often end up in low paying jobs or even on welfare. Having a child before the age of 20 reduces the amount of educational attainment (high school and college) by an average of 3 years (Kirby, Coyle & Gould, 2001). Early childbearers are less likely to graduate from high school. However, the biggest difference can be found in college education. Among teens who gave birth, only 29% are likely to attend college. In addition, many lack effective parenting skills, which results in their children beginning school behind their peers and can result in generational poverty where disadvantage crosses generations (Klepinger, Lundberg & Plotnick, 1995).

The county where the CAPSS Plus program is located had a birthrate for adolescent girls, age 15-19, of 51.8 per 1,000 students in 1997. Thirty-seven percent (332) of the births were from adolescents between 15 and 17. The state of Minnesota had an adolescent birth rate of 32.6, with 34% (1,918) of the births from adolescents between 15 and 17 (Minnesota Department of Health). In part the results may reflect socioeconomic factors; the county had a higher rate of poverty than the rest of the state in 2000, 10.6% as compared to 7.9%, and a higher rate of children under 18 in poverty, 15.7% as compared to 9.2% (US Bureau of the Census). Said differently, even though teen-aged mothers are an issue throughout the state, the county has relatively greater needs for programs that assist young mothers.

The Children and Adolescent Parents Support and Self-Sufficiency (CAPSS) program serves pregnant and parenting adolescents eligible to attend high schools in an urban school district in Minnesota. It employs a Youth Development Framework, which utilizes developmental theories that identify developmental tasks and the competencies needed to meet them. The developmental theories that provide the basis for CAPSS's Youth Development Framework are Piaget's Theory of Development (1959), Erikson's Theory of Development (1968), Bowlby's Attachment Theory (1982), and Bandura's Social Cognitive Theory (1986). The goals of CAPSS are to increase self-sufficiency of parents and provide them with strong parenting skills that help prepare their youngsters for educational success, to foster secure attachments between adolescent parents and their children, and, to address the variety of needs expressed by pregnant and parenting teens. Services include: school-based clinic health services (operated by an external organization called Health Start), parenting education and on-site childcare.

This paper provides evaluation information about the effectiveness of the CAPSS program. Quantitative and qualitative data are presented that examine student reactions to the program as well as indications of its successes.

Methods

The design of the CAPSS evaluation is longitudinal and quasi-experimental, with an intervention group (students participating in CAPSS services) and a control group (pregnant and/or parenting students enrolled in comparison schools). The study design identified three intervention sites plus four control sites. The evaluation looks at the academic performance and progress of participants, the quality of the relationship between mother and child (e.g. healthy attachment), and long term, the educational readiness of their children for school using data on student attitudes and academic performance (Card & Reagan, 1989). These data are collected in four ways: by observation, written surveys, focus groups, and from school records. The recruitment of individuals to participate in the evaluation took place between Fall 2001 and Spring 2003. To manage the program and its evaluation, project staff consists of 3 in-school adolescent childcare nurses, one adolescent childcare nurse manager, the grant manager of the urban school district, an in-house evaluator, and an evaluator external to the schools.

Three hundred and thirty-four pregnant and parenting adolescents in CAPSS and comparison sites have completed consent forms. Students include African American (including Somali), Asian American, Chicano/Latino, American Indian and white students. Each participant completed an intake form when she entered the program, received a mailed survey at the end of the first and second years after enrollment, and was eligible to attend a focus group at the end of the first or second year of the program. Two types of written surveys have been utilized so far in the evaluation process. The first, a general survey that assesses academic progress and aspirations, employment status and goals,

marital status, family relationships, and pregnancy and childbearing experiences after study enrollment has been collected yearly. That survey has also been used to query participants about perceived infant health, development, daycare or special program attendance, and health care (e.g., immunizations, well-baby care, and medical visits for health problems). All students who returned a general written survey received a Target gift certificate. These surveys suggest success for the CAPSS program in a number of areas, including rate of referral and use of public health nurses and other support services, degree of involvement of the baby's father, direction of life goals and beliefs, and clarity of post-graduation plans. However, the differences need to be viewed as suggestive, for none of them reached a traditional level ($p < .05$) of significance (refer to Appendix B).

The second survey was administered to better understand how mothers think about the childcare programs and identify areas in which those programs can be made more attractive. It was conducted in the spring of 2003, with a total of 46 responses, 20 from students who utilized the school childcare and 26 from students who did not use the school childcare. Preliminary results are interesting, and highlight the role that cultural differences can play in the use of the school childcare.

Focus groups were conducted in May 2002 and May 2003. The purpose of the focus groups was to help clarify the nature of the quantitative data collected at baseline and at the annual follow-ups, and to provide information that will help shape future program development. Focus group topics include a range of issues tied to the students' progress and aspirations, employment status and goals, marital status, relationship with sexual partners, pregnancy and childbearing experiences after study enrollment, perceived infant health, infant and child development, infant and child health care (e.g. immunizations and well-baby care), and relationship with the children. Students who participated in the focus groups received a gift bag and a Target gift certificate. Focus groups in 2002 revealed that many of the program participants held only a superficial understanding of the program components and how they fit together, as some students requested "new" services that are already a part of the CAPSS program. Focus groups in 2003 indicated a change in the understanding of the CAPSS program, as the participants did not identify any major needs or options that were not being offered, and greatly appreciated what they received in the intervention schools.

Challenges

Because the evaluation process is ongoing and thus far shows only modest differences between the CAPSS students and their peers, this poster focuses on situations we have encountered that illustrate the kinds of challenges that field-based researchers confront. In general, because CAPSS is a school-based program, students do not need to select it or show strong levels of commitment to the program to participate in it. Some students choose to use

only the childcare, while others only take advantage of the field trips or the support groups. It should be noted that all of the intervention students receive more specialized attention than the non-intervention students, even if they choose not to participate in any of the program offerings, simply because of the additional staff in the intervention schools.

As evaluators, we have struggled to find ways that make the evaluation as informative as possible both to practitioners and scientists while overcoming methodological obstacles. For example, community diversity issues surrounding the participants posed challenges by undermining the design that was envisioned. Three specific challenges are discussed, namely: helping the participants to understand the components of the program and how they work together, incorporating requests from the program participants, and encouraging students to utilize the school childcare.

Challenge one: The year one focus group results surprised program staff, for they revealed that many of the program participants held only a superficial understanding of the program components and how they fit together. They didn't know which events and activities were program ones and which events were not. Some students requested services that already were a part of the CAPSS program, revealing an incomplete understanding of what the program provided to them. In response to the findings and our suggestions to accentuate program components in simply, recognizable ways, program staff made a greater effort to clarify program components and their functions for all CAPSS participants. One way that this was particularly effective was with the use of stickers. Program staff developed a brightly colored sticker that was placed on everything associated with the CAPSS program, from the monthly newsletters to the program participants themselves when they went on a field trip. The year two focus group results indicated that the stickers were a success, as program participants were able to associate the program activities with the stickers. They were able to identify various parts of the program including: the support groups, the teen parenting class, the various field trips (e.g. The Children's Museum), the retreat, HealthStart, the childcare and the newsletter. With respect to the evaluation, this change meant that the student surveys and focus groups were more likely to yield meaningful information.

Challenge two: The surveys and the focus groups indicated that while students were happy with the services that they received, there were also a few more services that, if added, would be highly beneficial to both the student mothers and their children. Some of the changes that will be put into place for the next school year (2003-2004) include tutoring help, a picnic for the whole family (mothers, fathers and children), and recognition for certain activities on school bulletin boards (e.g. high attendance rates). It is believed that these few changes will help the mothers attain a greater sense of self-worth, leading to a more self-sufficient lifestyle.

Challenge three: One of the largest challenges centers around the in-school childcare. Minimal cost childcare within the high school seems an easy decision—why wouldn't mothers want their children near them and on their schedule? The program also saves money compared with an outside provider. In actuality, however, enrolling students has proved challenging, for some of the students come from cultures where the family is responsible for taking care of their own. Letting a child receive services from outside the family brings shame. Further, changes in funding policies for in-home daycare now allow family member providers to be reimbursed for offering daycare, which adds another reason why students don't use school-based daycare. As a result, there is very low enrollment from students from particular cultural groups. A new survey was developed and administered to better understand how mothers think about the childcare programs and identify areas in which those programs can be made more attractive. Respondents included both students who utilized the childcare and students who did not. Preliminary results highlighted the role of cultural differences. For example, 40% of the students using childcare indicated that it is important that their child receive food from their culture during childcare. For students not using childcare, 81% indicated that their family takes care of their child, and 15% agreed that if more food, toys and books from their culture were available, they might consider using the childcare at school. Nineteen percent of the respondents stated that their family did not approve of the school's childcare. After reviewing the results, program staff decided on some changes to be implemented in the childcare programs in the coming school year. The childcare will incorporate more culturally appropriate toys, games, books and food, and will consider having an after-school time for mothers to use the childcare during that time to catch up on tutoring or to participate in an after-school activity.

Conclusion

To be successful, programs need to address community diversity issues surrounding their program participants. Effective program evaluators need to be flexible and responsive so the data collected are accurate and also provide formative information that can drive program improvement. For long-term evaluations like this one, it would be a waste to collect data without using them to guide programmatic changes. For example, if programs aspire to attract participants from all backgrounds, they need to understand and align with cultural expectations and values, and reflect those values and expectations in all aspects of the program. To that end, the evaluation results shared with program staff have helped guide changes that help the program respond to what the prospective participants believe that they want and need. Ironically, some programmatic actions are simple and unrelated to the conceptual underpinnings of the programs, like adding appropriate cultural food, toys and books to the school childcare, or placing stickers on everything that is associated with the CAPSS program. Others, like being attentive to cultural values and overcoming wariness about what happens in school-based programs, are more complex, and may require a rethinking of the conceptual frameworks that guided the work.

Most importantly, the work described in this paper points to the nature of the challenges in evaluating efforts to improve the lives of teen-aged mothers. Although most researchers and policy makers agree that the work is needed (excluding those who blame teen mothers for their circumstances and feel that no assistance is needed) and many have ideas about how to do it, few have developed the skills necessary to work in applied settings and to overcome the logistical and cultural issues that can bog down research.

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For questions regarding the paper, please contact Julie Fenyk at feny0003@umn.edu

Appendix A

Current Numbers for the CAPSS Program

Intervention Schools:

203 Consent Forms have been returned
112 of those students are currently enrolled in school
80 of those students have graduated

Non-Intervention Schools:

131 Consent Forms have been returned
72 of those students are currently enrolled in school
51 of those students have graduated

Appendix B

Results from the General Written Survey

	CAPSS	NON-CAPSS
Resource Involvement		
Teen parent & childcare nurse	2.34	1.94
Health Start	2.28	2.12
Public Health Nurse	2.20	1.82
Child Development	2.14	1.68
Support Group	2.00	1.45

*Rated on a 1-5 scale: 1= not at all, 2 = a few times a year, 3 = once a month, 4 = once a week, 5 = more than once a week.

	CAPSS	NON-CAPSS
Mother's Involvement		
Takes care of baby most of the time	61.5%	57.6%
Spends 8-10 hours/day with the baby	24.6%	18.2%
Likes feeding the baby ¹	4.62	4.44
Feeds the baby ²	4.95	4.97

¹ Rated on a 1-5 scale: 1 = do not like at all, 2 = like it somewhat, 3 = neither like nor dislike, 4= like it, 5 = like it very much

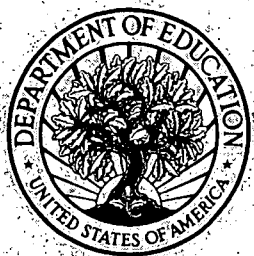
² Rated on a 1-5 scale: 1= never, 2 = a few times a year, 3 = few times a month, 4 = few times a week, 5 = everyday

	CAPSS	NON-CAPSS
Father's Involvement		
Reads to the baby*	2.83	2.45
Goes out with friends & baby (or takes the baby out with friends)*	2.36	1.83
Feeds the baby*	3.85	3.28

*Rated on a 1-5 scale: 1= never, 2 = a few times a year, 3 = few times a month, 4 = few times a week, 5 = everyday.

FATHERS/RELATIONSHIP	CAPSS	NON-CAPSS
Live with boyfriend	23.1% (15)	6.1% (2)
Live with husband	27.7% (18)	15.2% (5)
Average frequency parent jointly*	Avg. = 3.82 Never – 18.5% (12) Everyday – 46.2% (30)	Avg. = 3.31 Never – 34.5% (10) Everyday – 34.5% (10)
Average frequency he parents alone*	Avg. = 3.75 Never – 20.0% (13) Everyday – 46.2% (30)	Avg. = 3.31 Never – 31.0% (9) Everyday – 31.0% (9)
Average frequency he feeds the baby*	Avg. = 3.85 Never – 18.5% (12) Everyday – 47.7% (31)	Avg. = 3.28 Never – 31.0% (9) Everyday – 31.0% (9)
Average frequency he plays with the baby*	Avg. = 3.91 Never – 16.9% (11) Everyday – 52.3% (34)	Avg. = 3.52 Never – 27.6% (8) Everyday – 44.8% (13)
Child's father is involved	76.6% (49) agree or strongly agree	64.5% (20) agree or strongly agree
I have goals and plans about marriage	73.8% (48) agree or strongly agree	57.6% (19) agree or strongly agree

* Rated on a 1-5 scale: 1 = Never, 2 = A few times/year, 3 = A few times/month, 4 = A few times/week, 5 = Everyday



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